PTO/SB/06 (08-03)
Approved for use through 7/31/2008. Oats 0651-0032
U.S. Patient and Trademark Office; U.S. DEPARTIMENT OF COMMERCE

1	Under the Paperwork Reduction Act of 1935, no persons are required to respond to a collection of information unless it displays a void CMB control number											
	PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-875							RECORD		10175753		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHE	
		FOR	80,04	MUMBER FILED		MANGER EXTRA		RATE	ÆE	}	RATE	FEE
		C PEE FR 1.18(e))							•	OR		•
		L CLASAS FR 1.16(2)		minus 2	minus 20 = *			z 5		OR	×	
	1200 67 C	PERCENT CLUB FR 1.18(b))	¹⁵ /	nine :	3 .			x & •		OR .	× 2	
,	MULT	MULTIPLE DEPENDENT CLAIM PRESENT (57 CFR 1.18(4))						• =•		OR	+8	
	-18	e differences in o		TOTAL		OR	TOTAL					
	CLAIMS AS AMENDED - PART II											
	(Column 1) (Column 2) (Column 2)							SMALL (ENTITY	OR	OTHES SMALL	THAN ENTITY
11	ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
45/04	NON ON	Total pr cra 1.00(g)	10	Minus	- 20	-		x &•		OR	× s •	
$\{ I '\}$	AMEN	Independent DI CFR 1.1800	. /	Minus	- 3			X 8=		OR	X &	
l l	₹	FROT MESONATION OF MATIFLE DEPENDENT CLAIM (87 CFR 1.18(4))						+8e		OR	+8=	
				TOTAL ADDIL FEE		OR	TOTAL ADOL FEE					
BE	NT B		(Column 1) CLAIMS REMAINING AFTER AMERICMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
4	ENDMENT	Total	. 10	Minus	20	•		x &=		OR	× =	
7		tedependent (22 CFR 1,180/8		Minus	2	•	i	x s •		OR	x s=	
()	W	FIRST PRESENTATION OF MATERIAL DEPENDENT CLAIM (ST CFR 1.18(4))						+s=		OR	+5=	·
		0.1071						ADO'L FEE		OR	TOTAL ADDL FEE	
		(Column 1) (Column 2) (Column 3)										
	ENT C		CLAIMS REMARKING AFTER AMERICMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOH TIONAL FEE
	ENDME	(12 CAS 1718PD) LOTAI	.10	Minus	20	•		× 8•		OR	x 4	
	MEN	halapandarit (2 CFR LINES)	•	Minus	" 3	•		x s		OR	x s=	
	-31	PREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (197 CFR 1.16(x))						+3a		OR	+ g =	
							-	ADDL FEE		OR	TOTAL - ADD'L FEE	
	* If the entry in column 1 is less than the entry in column 2, write "O' in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is toss than 3, enter "5".											
	The "Highest Number Proviously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1,											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confiderifishly is governed by 95 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. This will very depending upon the individual case. Any comments on the encount of time you require to complete this form and/ar suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ACCRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.